

Return this form together with respective documents (invoices/receipts /quotations) to:-
Gasamamo Insurance, Msida Road, Gzira GZR 1405 Malta



For any queries please call 21 345 123 ext 5

Commercial Property Claim Form

Branch/Broker/TII _____ Claim Number _____

| | | |
|-------------------------------------|--|--------------------------------|
| Policy Number _____ | Period of Insurance: From _____ to _____ | Sum Insured: € _____ |
| Name of Insured: _____ | Contact Person _____ | |
| Postal Address: _____ | | |
| Telephone No. _____ | Fax _____ | Mobile _____ ID Card No. _____ |
| VAT Status: _____ | VAT Reg No. _____ | Comp. Reg No. _____ |
| Occupation/Nature of Business _____ | | |
| Insured Address _____ | | |
| E-Mail Address _____ | | |

Important Notes:-

You are kindly requested to answer in full all questions in the applicable sections. You are also obliged to provide us with relevant reports to substantiate your claim together with quotations and invoices covering repairs/replacements. Please keep in mind that you are to take immediate steps to limit the damages.

SECTION 1: General Questions

| | | |
|--|----------------------------------|-------------------------|
| 1. Date and time of incident | ___/___/___/ | _____ Am/Pm |
| 2. Address at which loss or damage occurred | _____ _____ _____ | |
| 3. State exactly how the loss or damage occurred. | _____ _____ _____ _____ | |
| 4. (A) Please give details of others with knowledge of the circumstances (B) Name & Address of person(s) responsible for loss or damage (if applicable) | A. _____ B. _____ | _____ _____ _____ |

Signature _____

| | | |
|---|---|-------------|
| 5. (A) Address of Police station where you reported the incident. (B) Date & Time incident was reported to police. | A. | |
| | B. ____ / ____ / ____ | _____ Am/PM |
| 6. Have you previously suffered loss or damage from a similar cause? | YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes provide details | |
| | | |
| | | |

SECTION 2: Burglary/Theft (complete if applicable)

| | | |
|--|---|--|
| 1. When was the theft discovered and by whom? | | |
| 2. (A) Where the premises occupied at the time of theft? (B) If not, when where they last occupied? | A. | |
| | B. | |
| 3. If burglary/theft was from a building, how was entry or exit gained? | | |
| | | |
| | | |
| | | |
| 4. Were there any visible signs of a forced entry or exit to the building? | YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes provide details | |
| | | |
| | | |
| | | |
| 5. (A) Was an intruder alarm system in operation at the time of the incident? (B) Was the alarm system activated? | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

Signature _____

SECTION 4: Direct Credit Details

Kindly complete your bank details below if you would like to receive payment of your claim directly into your bank account. We can only make SEPA payments.

Account Holder Details:

Name _____ ID/Passport No: _____

Address: _____ Company Reg No.: _____

Town: _____ Country: _____

Email Address: _____ Mobile: _____

Bank Account Details:

Name of Bank: _____ Country: _____

IBAN No: _____

DATA PROTECTION NOTICE:

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR 1405.

Declaration: -

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

Date

Full name in block letters

Signature of Policyholder